

**Massachusetts Department of Public Health**  
**Division of Health Care Quality**  
**10 West Street, 5<sup>th</sup> Floor**  
**Boston, MA 02111 - (617) 753-8000**

\_\_\_\_\_  
Parent Clinic or Hospital Name

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Street & City

\_\_\_\_\_  
Street & City

**SCHOOL BASED HEALTH CENTERS - PHYSICAL PLANT & PLAN REVIEW REQUIREMENTS**

- Licensed as satellite clinics of either hospitals or clinics

Applicable Regulations

-105 CMR 140.000 - *Regulations for the Licensure of Clinics*

or

-105 CMR 130.000 - *Hospital Licensure Regulations*

**- SCHOOL BASED HEALTH CENTERS - PHYSICAL PLANT REQUIREMENTS**

- ☐-waiting area
- ☐-reception area
- ☐-public telephone\*
- ☐-public drinking fountain\*
- ☐-office & record storage areas
- ☐-nurses area with medicine prep/storage with handwash sink
- ☐-exam room with a minimum of 80 sq. ft.  
with handwash sink & privacy sight/sound
- ☐-utility room with a flush rim service sink, handwash sink, & a work counter  
(for waiver requests, address items noted on the attached sheet)
- ☐-storage for equipment, supplies and linen  
(separate clean & soiled linen storage areas are required)
- ☐-janitor closet with service sink\*
- ☐-toilet facilities\*
- ☐-mechanical ventilation of the utility room, janitor closet, toilet rooms and  
all rooms without operable windows
- ☐-accessible to the handicapped
- ☐-corridors - minimum 5 feet wide
- ☐-doors - minimum 2'10" wide

\*use of school facilities is acceptable, a plan that identifies the location of these functional areas must be provided.

**- PLAN REVIEW SUBMISSION REQUIREMENTS**

- Include a narrative of the type of services that are to be provided and describe the extent of the renovations.

-Existing space without renovations

- ☐-provide a plan indicating the access to the clinic from the outside
- ☐-provide dimensions on the plans and identify all rooms and functional areas
- ☐-provide information with regard to heat, light, and ventilation

-Satellite Clinics with renovations

- ☐-provide a plan indicating the access from the outside to the clinic
- ☐-provide actual construction documents of area to be renovated with all rooms and functional areas identified
- ☐-construction documents to include architectural, plumbing, electrical and mechanical plans
- ☐-copies of the plan approvals from the Dept. of Public Safety and the local building inspectors should be provided

**A Waiver Form must be submitted for each requirement that is not met.**

- Waiver requests must clearly state the nature of the request (e.g. room size, minimum dimension, etc.)
- Waiver requests must provide suitable supporting documentation on or attached to the waiver request form.
- Reduced scale plans (8½" X 11" format) must be provided for clarification, as needed.
- Where waivers are of a clinical nature, the facility's clinical staff must sign the waiver form.

**Soiled Workroom Waivers**

Please note: each licensed medical clinic is required to provide a soiled workroom which provides space for the holding of solid waste and soiled linen and which is equipped with a handwashing sink, a counter and a clinical flush-rim sink. In order to approve a waiver for the omission of the soiled workroom or any of its components, this Division's clinical staff will need to review the information identified below to verify that functional needs will be met in the clinic:

- (1) types of diagnostic and treatment services provided;
- (2) number of exam rooms available, projected number of clients per day/week;
- (3) types of specimen testing performed on site (eg: urine, blood);
- (4) types of medical equipment utilized at the facility (eg: suture kits, endoscopic equipment);
- (5) use of disposable vs. non-disposable equipment;
- (6) methods of sterilization utilized by the facility (eg; steam, gas, chemical); location for cleaning and processing of medical equipment;
- (7) identification of the method and location of solid/fluid waste storage and disposal, including sharps; and
- (8) identification of soiled linen and trash holding areas.